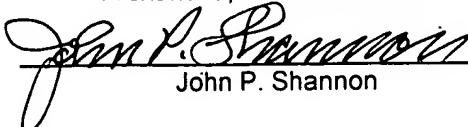
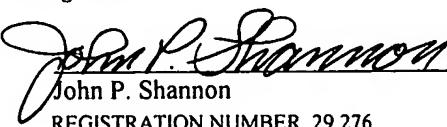


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------|
| U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE<br>FORM PTO-1390<br>(REV 1-2003)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | ATTORNEY'S DOCKET NUMBER<br>EIS.005                           |
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br>10/562,636 |
| INTERNATIONAL APPLICATION NO.<br>PCT/EP2004/004410                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | INTERNATIONAL FILING DATE<br>27 April 2004 | PRIORITY DATE CLAIMED<br>02 May 2003                          |
| TITLE OF INVENTION Vorrichtung zur Steuerung einer Zumaschine mit einer Einrichtung zum Erfassen des Schwenk- und Knickwinkels zwischen Zugmaschine und einem Anhänger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                               |
| APPLICANT(S) FOR DO/EO/US<br>HEINZ-RÜDIGER METTERNICH and KARSTEN LÜDERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                               |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                               |
| <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input checked="" type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371 (f)). The submission must include items (5), (6), (9) and (21) indicated below.</li> <li>4. <input type="checkbox"/> The US has been elected (Article 31).</li> <li>5. <input type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)).             <ol style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</li> <li>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> |                                            |                                                               |
| Items 11 to 13 below concern document(s) or information included:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                               |
| <ol style="list-style-type: none"> <li>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input checked="" type="checkbox"/> A preliminary amendment.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                            |                                                               |
| <b>CERTIFICATE OF MAILING</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            |                                                               |
| <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:</p> <p style="text-align: center;">Commissioner for Patents<br/>P.O. Box 1450<br/>Alexandria, VA 22313-1450      on <u>2-27-06</u>.</p> <p style="text-align: center;"><br/>John P. Shannon</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                               |
| <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                               |

| U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br>10/562,636                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INTERNATIONAL APPLICATION NO.<br>PCT/EP2004/004410 | ATTORNEY'S DOCKET NUMBER<br>EIS.005                    |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|------------|-----------------|--------|--------------|--------------|------|----|--------------|--------|---|-----------|---------|--------------------|-------|---|-----------|---------|---------------------------------------------|--|--|------------|---------|--------------------------------------|--|--|--|-----------------|
| 21. <input checked="" type="checkbox"/> The following fees are submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    | <b>CALCULATIONS PTO USE ONLY</b>                       |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| <b>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1) - (5) ) :</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                        |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                        |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search Report prepared by the EPO or JPO .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                                        |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445 (a)(2)) paid to USPTO .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                                        |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                                        |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)-(4) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                    |                                                        |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                                        |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| Fee for late filing of Declaration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    | \$130.00                                               |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">CLAIMS</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 20%;">RATE</th> <th style="width: 20%;">\$</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>- 20 =</td> <td>0</td> <td>X \$18.00</td> <td>\$ 0.00</td> </tr> <tr> <td>Independent claims</td> <td>- 3 =</td> <td>0</td> <td>X \$88.00</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+ \$300.00</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td style="text-align: right;"><b>\$130.00</b></td> </tr> </tbody> </table>                    |                                                    |                                                        |            |                 | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | \$ | Total claims | - 20 = | 0 | X \$18.00 | \$ 0.00 | Independent claims | - 3 = | 0 | X \$88.00 | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  | + \$300.00 | \$ 0.00 | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | <b>\$130.00</b> |
| CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NUMBER FILED                                       | NUMBER EXTRA                                           | RATE       | \$              |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| Total claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - 20 =                                             | 0                                                      | X \$18.00  | \$ 0.00         |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| Independent claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | - 3 =                                              | 0                                                      | X \$88.00  | \$ 0.00         |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                                        | + \$300.00 | \$ 0.00         |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                        |            | <b>\$130.00</b> |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    | \$ 65.00                                               |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| <b>SUBTOTAL =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    | <b>\$65.00</b>                                         |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    | \$ 130.00                                              |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| <b>TOTAL NATIONAL FEE =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    | <b>\$ 195.00</b>                                       |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| <b>TOTAL FEES ENCLOSED =</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    | <b>\$ 0.00</b>                                         |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| 03/07/2006 LLANDGRA 00000067 10562636<br>01 FC:2017 65.00 OP<br>02 FC:1018 130.00 OP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | <b>Amount to be:</b><br>refunded \$<br>charged \$ 0.00 |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| a. <input checked="" type="checkbox"/> A check in the amount of \$ 195.00 to cover the above fees is enclosed.<br>b. <input type="checkbox"/> Please charge my Deposit Account No. 50-0562 in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0562. A duplicate copy of this sheet is enclosed.<br>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |                                                    |                                                        |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                    |                                                        |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| SEND ALL CORRESPONDENCE TO:<br>John P. Shannon<br>Customer No. 48234<br>MEREK, BLACKMON & VOORHEES, LLC<br>673 South Washington Street<br>Alexandria, VA 22314                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    |                                                        |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |
| <br>John P. Shannon<br>REGISTRATION NUMBER 29,276                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    |                                                        |            |                 |        |              |              |      |    |              |        |   |           |         |                    |       |   |           |         |                                             |  |  |            |         |                                      |  |  |  |                 |